



# Idaho EMS Bureau

## CLASS ATTENDANCE REPORT

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Copy as needed)

	Student Name	Student Signature	Time In	Time Out
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

9/06

Date\_\_\_\_\_ Total students attending this session \_\_\_\_\_ Start time\_\_\_\_\_ Finish time \_\_\_\_\_

Instructor(s) Signature: \_\_\_\_\_

Lesson(s) Covered: \_\_\_\_\_

Notes: